Student Health

Provincial Summary of Annual Reports

2008/2009 School Year

September 1, 2008 to August 31, 2009

Revised- October 4, 2010

Government of Alberta

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CATALOGUING IN PUBLICATION DATA

Cross-Ministry Services Branch
Student Health Provincial Summary of Annual Reports 2008/2009

ISSN: 1920-9797

Note: Student Health is a joint endeavor of the Ministries of Education, Health and Wellness, and Children & Youth Services.

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http://education.alberta.ca/admin/healthandsafety/studenthealth/partnerinfo.aspx

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I. INTRODUCTION

Student Health (formerly known as the Student Health Initiative) is a joint endeavour of Education, Health and Wellness and Children and Youth Services. Information about Student Health can be found on the website at:

http://education.alberta.ca/admin/healthandsafety/studenthealth.aspx

Student Health operates on two foundational goals:
Goal 1 – The short term goal of Student Health is to improve access to integrated health and related services for children and youth with special health and support needs registered in school programs.

Goal 2 – The long term goal is to enable children and youth with health and support related needs to be successful in their school programs.

Student Health Partnerships (SHPs) work at the regional level to access student health needs, establish priorities and plan and deliver services. All partnerships, in the 2008/09 school year, include regional health authorities, child and family services authorities, school authorities and regional offices of the Alberta Mental Health Board. These partnerships are jointly accountable for the effective use of Student Health funding and for the outcomes for students with special health needs. In 2008/2009 there were 16 Student Health Partnerships (SHP) and 1 Francophone Student Health Service Delivery Model for a total of 17 SHPs.

Service Priorities in 2008/09

Student Health Partnerships (SHPs) determine their service priorities based upon an assessment of student health needs in their region. Student Health services recognize cultural diversity, are provided in a culturally appropriate manner and include:

- rehabilitation (speech-language therapy, physical therapy, occupational therapy, audiology and respiratory therapy);
- nursing care for children with specialized and/or complex health needs; and
- emotional-behavioural supports including behavioural interventions, therapy and counseling.

Consistent with previous years, the three most significant service priorities during the 2008/09 school year were emotional/behavioural supports, speech-language therapy and occupational therapy. Table 1 summarizes the number of service categories provided across all 16 SHPs and 1 Francophone Student Health Service Delivery Model in Alberta during the 2008/09 school year.

Service Category	**Number of Partnerships (SHPs) 2008/2009**
Emotional/behavioural supports	17
Speech-Language therapy	17
Occupational therapy	16
Physical therapy	12
Nursing	5
Teaching Assistants	4
Respiratory therapy	1
Audiology	1

Table 1 – Number of service categories provided by SHPs 2008/09 (n=17)

II. STUDENT HEALTH PERFORMANCE MEASURES

A. Performance Measures and Targets

During the 2008/09 school year, SHPs were required to report on two performance measures:

- access to student health services (number of service events); and
- access to coordinated/integrated services to improve student learning (Classroom Teacher, Parent and Student Health Partner surveys).

These performance measures assisted in identifying progress toward the achievement of the short-term goal related to improvement of access to integrated health and related services. The comparison of results from year to year also reflects overall trends in the achievement of Goal 2 of Student Health. As a requirement for Student Health funding, SHPs are accountable for setting targets and for including those targets in their Partnership Service Plans. Results at the end of each school year reflect the partnerships' ability to achieve their individual targets.

SHPs are encouraged to develop additional goals, performance measures and targets to measure and demonstrate achievement in meeting the needs of students in their Partnership.

B. Results Achieved

1. Number of Service Events

This performance measure reflects the accessibility of services funded through Student Health. The data illustrates the "service events", which are defined as the provision of one category of service to one child. One service event may consist of one contact (e.g., assessment or case consultation) or it may include multiple contacts (e.g., ongoing therapy). Some students have accessed more than one service event, e.g., they received services from several categories. As such, each service event does not necessarily represent one student being served.

During the 2008/09 school year, 35,994 service events were provided through Student Health. Table 2 summarizes the number of service events in each category during the 2008/09 school year. See Appendix B, Page 23, for the number of service events in each category by each Partnership.

Service Category	Number of Service Events	Percentage of Total Service Events (%)
Emotional/behavioural supports	16,875	46.88%
Speech-language therapy	11,191	31.09%
Occupational therapy	5,760	16.00%
Physical therapy	1,013	2.81%
Other[1]	461	1.28%
Clinical nursing	448	1.24%
Respiratory therapy	130	0.36%
Teaching assistants	115	0.31%
Audiology	1	0.03%
Total	**35,994**	**100%**

Table 2 – Number of Students Served in Each Service Category (Service Events)

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

The projected actual and percentage change in the number of service events in each category is illustrated in Table 3. Across most service categories, the actual number of service events was higher than projected, with a total of 16.21% more services being provided than were projected in Partnership Service Plans. The largest percentage increases were in Clinical Nursing service and the "Other" service area.

Service Category	Projected Number of Service Events	Actual Number of Service Events	Percentage Change (%)
Emotional/behavioural supports	15,485	16,875	8.98
Speech-language therapy	8,492	11,191	31.8
Occupational therapy	5,105	5,760	12.9
Physical therapy	952	1,013	6.4
Other[1]	315	461	46.3
Clinical nursing	319	448	40.4
Teaching assistants	156	115	-26.0
Respiratory therapy	150	130	-13.3
Audiology	0	1	0
Total	**30,974**	**35994**	**16.21**

Table 3 - Number of Service Events in Each Category and Percentage Change

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

Table 4, below, illustrates the comparison in the number of service events from 2007/08 to the 2008/09 school year. During the 2008/09 school year, there were 2390 fewer service events than in the previous year, an overall decrease of 6.6%. Speech-language services showed the largest decrease with 1737 fewer service events. According to SHPs Annual Reports, this was the result of the utilization of different service models such as creating therapy groups, more consultative and assessment work, and offering staff workshops for capacity building. The targets (Table 3) were estimates only, and many SHPs reported higher demand for speech-language service than expected. Some areas reported wider use of speech-language assistants when available. Teacher assistants were used more extensively in some areas, although not as numerous as projected overall. The significant change reported in Audiology service was due to lack of staff. Physical Therapy services decreased compared to last year primarily due to staffing issues. The use of paraprofessionals along with a change in service delivery helped meet referral demands in this area.

Service Category	Number of Service Events 2007/08	Number of Service Events 2008/09	Percentage Change (%)
Speech-language therapy	12,928	11,191	-13.4
Physical therapy	1,259	1,013	-19.5
Occupational therapy	5,788	5,760	-0.5
Audiology	21	1	-95.2
Respiratory therapy	130	130	0
Clinical nursing	572	448	-27.7
Emotional/behavioural supports	17,131	16,875	-1.5
Teaching assistants	98	115	17
Other[1]	457	461	0.87
Total	**38,384**	**35994**	**-6.6**

Table 4 - Comparison of the Number of Service Events from 2007/08 to 2008/09

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

2 Surveys

Each year, SHPs conduct a series of surveys with stakeholders in order to gather input related to the effectiveness and efficiency of Student Health in supporting students with special health needs to be successful in their school programs. Respondent stakeholder groups surveyed annually include:

- Teachers
- Parents of children who receive services through SHPs
- Service Providers
- Partners

In their service plans, SHPs are required to set targets for the percentage of these stakeholder respondents who will agree or strongly agree, however, there is variation in the targets set by each SHP. Respondent percentages for each stakeholder group are noted in the tables on the following pages. Longitudinal results from the Teacher Survey are provided from 2004/05 to 2008/09. Results from the other three survey groups are available for 2007/08 and 2008/09.

The results from the surveys are calculated by dividing the provincial total number of respondents who agree/strongly agree in each stakeholder group by the total number of surveys completed by that group. This provides equal weighting for each participant's response regardless of the number of respondents in a SHP region.

In their Annual Reports, SHPs are also asked to include anecdotal comments from respondents along with the survey data obtained. Comments are aggregated by theme and provided in two categories:

1. Those that felt the SHPs were successful in their effectiveness and efficiency in supporting students with special health needs to be successful in their school programs, and
2. Those who saw challenges in meeting special health needs of students.

SHPs noted that responses varied by service categories. Respondent comments are provided in the tables on the following pages.

Teacher Survey Results

Teachers' Rating Statement	Agree or Strongly Agree (%)				
	2004/05	2005/06	2006/07	2007/08	2008/09
For each of my students with a special health need, an adequate plan is in place to provide student health services.	75.6	79.6	78.1	88.5	91.2
It is easy to refer students for student health services.	79	79.3	82.7	88.9	83.3
Student health services are provided within a reasonable time after a referral.	63.2	60.1	63	70.3	67.2
The student health services that my students need are available.	70.6	72.4	72.3	74.8	74.3
The student health services have improved my students' abilities to be successful at learning.	72	74.6	77.9	86.1	83.1
For my students who need more than one student health service, the various services are well coordinated.	55.7	57.9	67.4	80	75.1
OVERALL	**69.4**	**70.6**	**73.6**	**81.4**	**79**

Table 5a – Teacher Survey Results

General Conclusions based on Teacher Comments:

Positive	Challenges
• Ongoing collaboration and communication between service providers and teachers led to higher levels of satisfaction. • Opportunity to work with service providers in development and monitoring of service plan increased satisfaction. • The partnership 'matured' with increased familiarity as to how services are allocated and delivered. • Teachers' capacity to provide ongoing support to students improved. • Focus on collaborative service planning is positive. • Reasonable response time after referral is positively impacted by improved communication and planning between schools and service providers. • There are ongoing efforts being made to inform teachers of customary timelines related to service delivery. • Perception of improved access to services has increased with improved referral process. • Positive perception about the impact on student learning increased when service providers and teachers collaborated. • Service providers ensured that a copy of the service plan was supplied to teachers. • Established relationships with service providers and common understanding of ways of working together make a significant difference to satisfaction ratings. • Positive response to capacity building workshops/in-services so services are available for students with more complex needs. • There is a high degree of satisfaction with Mental Health Therapy and Speech-Language Therapy services, which are in great demand. • Accessing local services and private contractors has led to increased satisfaction with service delivery.	• Satisfaction with service delivery applies only to those who received service. This does not apply to those unable to receive service due to shortage of resources. • Delays in service continue in some areas due to shortage of mental health and speech-language professionals. • Delays were experienced in sending referrals through the system. • Extended wait periods for service as a result of staff vacancies continues to be an issue in some areas. • Vacancies create inequitable provision of service, and impact case conference/collaboration time. • There is a continuing problem with accessing services in Occupational Therapy and Physical Therapy in some areas. • Coordination of multiple services remains an issue due to travel and contract requirements. • Keeping needed positions filled throughout the school year remains a problem. • Teachers need to be fully informed about availability and deployment of resource staff. • Unmet needs for service continues to be a focal point for considering ways to stretch resources, service and programming. • Some teachers were not aware of the service plan, nor whether an adequate plan was in place for the students. • Lengthy referral forms or revisions to forms slow the referral process, particularly when coordinating services from multiple services.

Table 5b – Teacher Comments

Parent Survey Results

Parents' Rating Statement	Agree or Strongly Agree %	
	2007/08	2008/09
I was included in the development of the service plan for my child.	95.5	86.8
The referral process was easy.	99.2	92.5
The student health service was provided within a reasonable time after the referral.	93.1	88.8
The health service that my child needs is available.	97.7	90.7
The student health service has improved my child's ability to be successful in his/her school program.	96.2	90.8
If my child needed more than one student health service, the various services were well coordinated.	94.5	85.4
I had sufficient contact and communication with the service provider.	91.3	83.1
Overall, I am satisfied with the student health service that my child received.	91.6	89.4
OVERALL	**94.8**	**88.4**

Table 6a Parent Survey Results

General Conclusions based on Parent Comments:

Positive	Challenges
• A commitment to ensuring good communication has facilitated parent/guardian involvement in the effective development of the service plan. • Streamlining of the referral pathway and o[illegible]oing communication has facilitated the referral process. • Development of a SHP poster and brochure, which are available in every school, informs parents of available services, as does the website. • SHP services are making a positive difference for students in terms of success in effective learning and achievement. • School coordination of the referral process shortens the time before receiving service. • There is strong level of satisfaction among parents for their involvement with school staff in developing the service plan. • Parents view referral as a simple process, thus are not so concerned about the length of time between referral and assessment/treatment. • Stability in the service delivery model increases satisfaction. • Student Health provides valuable service for their children and has a positive effect on learning. • From the parent perspective, a better relationship, developed over time, between service providers and schools creates greater capacity for coordination of services and collaboration among partners.	• Results reflect opinions of those parents whose children are receiving services and does not include the opinions of those whose needs remain unmet. • Parents of children who receive services do not always have personal contact with the service providers. • Time to collaborate remains a challenge when more than one service is being provided. • Commitment to ongoing communication must remain a priority.

Table 6b - Parent Comments

Service Providers Survey Results

Service Providers' Rating Statement	Agree or Strongly Agree %	
	2007/08	2008/09
I contribute to the development of service plans for students.	98.7	87.6
The referral information I receive provides me what I need to provide student health services to students.	88.8	84.3
I am able to provide student health services within a reasonable time after the referral.	90.8	85.9
The health services that students need are available.	54.8	66.5
The students achieved their service goals.	43.2	82.4
For students who need more than one student health service, the various services were well coordinated.	57.6	56.5
I am satisfied with the level of teamwork among the students, parents, teachers and service providers.	68.7	71.9
OVERALL	**71.8**	**76.4**

Table 7a – Service Providers Survey Results

General Conclusions based on Service Provider Comments:

Positive	Challenges
• Service providers take an active role in the development of the service plan in collaboration with the teacher and the parents/guardians. • Increased familiarity with the referral process, stability of the service delivery model, and the development of productive relationships between teachers and service providers led to higher than targeted results. • Satisfaction with referral information is related to the use of a common referral form in the region. • Existing processes have enabled service provision within a reasonable time frame. • Teamwork has increased as a result of the stability of the service model. • Service providers believe they provide service within a reasonable time, given the limited number of staff. • Service providers indicate that they play an integral role in developing service plans. • Redesign of the referral form now includes a discussion with the key teacher before referral is processed. • Service providers rate their involvement with family as high. • Most service providers believe that students achieve their service goals, although not all receive information on the final results of established service plans.	• Service providers feel that there are further student health services that students need. • Service providers recognize that there are more students with needs than there are resources. • Coordination of service continues to be a challenge due to time constraints, complexity of student needs, and the varied schedules and processes among service providers. • The lack of available services is related to heavy workloads and reduced staff in some partnerships. • Service providers are unhappy with their inability to meet the demand. • Distance between local service providers and contract service providers impedes communication. • A general lack of time to make connections with other service providers affects case coordination. • Referral information is sometimes incomplete and may be due to different perspectives of Education and Health professionals. • There is a need for more coordination – case conferences are not typically held among service providers. • There is a continued need to focus on collaboration among students, teachers, parents, and service providers. • Longer wait times for service are related to increased referrals and part-time service providers. • Service provision within a reasonable time after referral is dependent on caseload and time of year.

Table 7b – Service Provider Comments

Partner Survey Results

Partner's Rating Statement	Agree or Strongly Agree %	
	2007/08	2008/09
For students who need more than one student health service, the various services are well coordinated.	87.8	81.4
Partners plan collaboratively.	95.1	77.7
Partners make decisions collaboratively.	94.0	89.8
Partner funded and Student Health funded services are well integrated.	89.5	87.6
The student health services improve student's abilities to be successful in their school programs.	89.8	94.6
OVERALL	**91.2**	**86.2**

Table 8a - Partner Survey Results

General Conclusions based on Partner Comments:

Positive	Challenges
• Collaboration, planning and decision-making are supported by regular steering committee meetings, monthly email updates, and postings to the intranet. • The students are foremost in any decision made at the table. • Most partners feel that coordination of student health services is in place. • The partnership has improved communications. • There is a high degree of collaboration at local advisory group tables that meet regularly to discuss issues and solutions. • All partners agree that student health services improve student abilities to be successful in their learning/school program. • Decisions are made collaboratively and by consensus.	• Teamwork and coordination of services require ongoing effort due to the challenges of complex needs. • Case conferences are not typically held with service providers. • Coordination of services needs to be improved in some areas. • Integration of partner funded and student health funded services remains an issue for some SHP's.

Table 8b - Partner Comments

The surveys demonstrate slightly lower levels of satisfaction from all stakeholders in the implementation and impact of the student health services through the SHPs. However, the fifth question of both the teacher and parent surveys, with satisfaction levels of 83.1% and 90.8%, respectively, do indicate that Goal Two of the program: *The long term goal is to enable children and youth with health and support related needs to be successful in their school programs* is being met.

III. HUMAN RESOURCE PLANNING AND IMPLEMENTATION

In their Annual Reports, Student Health Partnerships reported on the number of positions they had planned to fill, as recorded in their service plans, plus the number of positions actually filled. Partnerships do not directly employ or contract staff. The individual partners employ or contract service providers on behalf of the partnership according to the service plan. The service plans and Annual Reports include only direct service provider full time equivalents (FTEs) employed or contracted with Student Health funds. They do not include FTEs or the portion of an FTE, employed or contracted with funds from other sources. They do not include FTEs for supervisory or administrative support staff.

For the 2008/09 school year, Partnerships reported a total of 521.70 FTEs employed or contracted (385.60 FTE professional and 136.10 FTE paraprofessional). The number of professional FTEs employed or contracted in 2008/09 decreased by 4.72 FTEs or 0.12% and the number of paraprofessional FTEs employed or contracted decreased by 6.22 FTE or 0.45% over the 2007/08 school year.

Service Category	Total Number of FTEs	Percentage of Total FTEs (%)
Speech-language therapy	56.19	14.67
Physical therapy	11.11	2.88
Occupational therapy	59.58	15.55
Audiology	0.01	0.00
Respiratory therapy	0.24	0.07
Nursing	5.40	1.89
Emotional/behavioural supports	225.87	58.58
Teaching assistants	24.20	6.28
Other[1]	3.0	.08
Total	**385.60**	**100**

Table 9 – Total FTEs by Service Category

[1] "Other" includes psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

SHPs were not able to fill all of the planned staffing for professional and paraprofessional FTEs during the 2008/09 school year. Only Clinical Nursing and 'Other' categories reported that planned and filled FTE's were as expected. Overall, only 94.47% of planned FTE's were filled. This is a decrease of 30.51 staffing positions. The following table summarizes the provincial total of FTEs that were planned and filled across all service categories.

Service Provider Type	Number of FTEs Planned	Number of FTEs Filled	Percent of Planned FTEs Filled
Professional	408.55	385.60	94.38
Paraprofessional	143.66	136.10	94.73
Total	**552.21**	**521.70**	**94.47**

Table 10 – Total FTEs Planned and Filled

Table 11 provides a summary of FTEs planned and filled for each service category.

Service Category	Number of FTEs Planned	Number of FTEs Filled	Percent of Planned FTEs Filled (%)
Speech Language Therapy			
Professional	62	56.19	90.62
Paraprofessional	96.99	91.38	94.21
Total	**158.99**	**147.57**	**92.86**
Physical Therapy			
Professional	11.38	11.11	97.60
Paraprofessional	2.36	2.76	117
Total	**13.74**	**13.87**	**1.01**
Occupational Therapy			
Professional	63.68	59.58	93.60
Paraprofessional	15.25	14.75	96.70
Total	**78.93**	**74.33**	**94.17**
Audiology			
Professional	0.08	0.01	12.50
Paraprofessional	0	0	0
Total	**0.08**	**0.01**	**12.50**
Respiratory Therapy			
Professional	0.24	0.24	100
Paraprofessional	0	0	0
Total	**0.24**	**0.24**	**100**
Clinical Nursing			
Professional	4.43	5.4	121.80
Paraprofessional	4.7	2.7	57.40
Total	**9.13**	**8.1**	**88.71**
Emotional/Behavioural Supports			
Professional	236.94	225.87	95.32
Paraprofessional	21.76	22.01	101.10
Total	**258.70**	**247.88**	**95.81**
Teaching Assistants			
Professional	26.20	24.20	92.36
Paraprofessional	1	1	100
Total	**27.20**	**25.20**	**92.64**
Other[1]			
Professional	3.6	3.0	83.3
Paraprofessional	1.6	1.5	93.75
Total	**5.2**	**4.5**	**86.53**
Total	**552.21**	**521.70**	**94.47**

Table 11 – Total FTEs Planned and Number Filled for Each Service Category

A breakdown of the planned and actual FTEs by Partnership is provided in Appendix C on page 24 of this Summary.

In their annual reports, SHPs provided rationales on the variance between planned and actual FTEs. When fewer or more than planned FTEs were filled or FTEs were moved to other service categories the rationales provided fall into seven categories:

1. Recruitment challenges due to limited availability of service providers.
2. Shortage of professional staff in a service category, therefore more paraprofessionals are hired.
3. Increase or decrease in the number of students with a specific need changes the staffing requirements.
4. Increased staffing costs resulted in the need to decrease staff numbers.
5. One time funding was available to some partnerships to support additional staffing during the year.
6. Medical/Maternity leaves and staff turnover altered staffing practices.
7. Changes in the service delivery model (i.e., group therapy, consult services for teaching staff) created efficiencies when service demand was greater than anticipated.

Several unique issues were reported and worthy of note.

- One SHP held Building Speech Language Capacity (BSLC) workshops for teaching staff in response to increased demand for service.
- One SHP offered four inservices to develop local capacity when requested. As well, they were able to contract a Mental Health therapist and Behaviour consultant.
- Many SHPs are reporting problems with recruitment of both professional and paraprofessional staff to provide emotional/behavioural supports. To meet demand, they are employing different service delivery models to increase efficiencies.

ANALYSIS OF REVENUES AND EXPENDITURES

A. Revenues

The provincial total Student Health revenues to partnerships for the 2007/08 school year were $52,287,021. This figure included an allocation of $1,942,240 (4.5 per cent) for administration costs. Total revenues available to Partnerships also included surplus funds accumulated from previous years and interest earned on SH funds. Total revenues reported by Partnerships as available for the 2008/09 school year are summarized below:

Revenue Source	Total Revenue
Annual service delivery allocation	$ 41,597,879
Annual administration allocation	$ 1,942,240
Surplus from prior years	$ 8,746,902
TOTAL	**$52,287,021**

Table 12 – Revenues 2008/09

B. Expenditures

The provincial total Student Health Partnership expenditure for the 2008/09 school year was $45,904,041. Expenditures are summarized below:

Expenditure Type	Total Expenditures	Percentage of Total Expenditures (%)
Actual salaries and benefits for FTEs	$ 39,377,686	85.8
Actual other service delivery costs	$ 5,175,609	11.3
Actual administration costs	$ 1,350,746	2.9
TOTAL	**$ 45,904,041**	**100**

Table 13 – Expenditures 2008/09

The service delivery expenditures can also be broken down into expenditures by service category. (A summary of expenditures by service category for each SHP can be found in Appendix E - Page 27):

Service Category	Total Expenditures ($)	Percentage of Total Expenditures (%)
Speech Language Therapy	10,180,808	23.12
Physical Therapy	1,385,067	3.14
Occupational Therapy	7,000,548	15.90
Audiology	0	0
Respiratory Therapy	28,247	0.06
Clinical Nursing	1,019,417	2.31
Emotional/Behavioural Supports	21,949,163	49.84
Teacher Assistants	608,116	1.38
Teacher Replacement	7,000	0.02
HR Support for Service Delivery	0	0
Other[1]	1,862,770	4.23
Total	**$ 44,041,136**	**100**

Table 14 – Expenditures by Service Category 2008-09

[1]Other – services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

I. ACCOMPLISHMENTS AND CHALLENGES

A. *Major Accomplishments*

In their annual reports, Partnerships had the opportunity to share a summary of their major accomplishments during the 2008/09 school year. A sample of accomplishments shared among several Partnerships included:

Service Delivery Model:

- Worked collaboratively as cross-sector partners to provide equitable health services, resolve complex regional issues and improve communication.
- Maximized staff time available to provide services by minimizing travel time, and contracting additional staff using one-time funding.
- Developed a common referral form and process.
- Expanded service delivery by using video-conferencing or by grouping students.

Service Provider:

- Developed cross-sector special projects focusing on building new approaches to address mental health issues.
- Completed surveys by student health personnel that are not involved in direct service demonstrated a high level of understanding of Student Health practices.
- Developed a resource list of Student Health staff willing to provide in-service instruction to colleagues.

Communication Strategies:

- Employed a variety of tools to communicate to teachers and parents the range of the services available and how to access them. Strategies included: websites, posters, brochures, introductory letter to teachers, and displays at Teachers' Conventions.
- Developed and distributed a detailed Student Health staff contact list to service providers and schools.
- Developed a Student Health "branded" template for PowerPoint presentations for adaptation and use by partners in their specific environments.
- Partner Communication Guidelines were created and ratified to encourage and support cross-sector communication.
- The creation of web-based and paper-based communication tools over the past four years has delivered tremendous dividends for the partnerships.

Professional Development / Training and Orientation

- Provided workshops on various topics, including Play Therapy, Self-Injury, Explosive Kids, Threat Assessment, Suicide Prevention, and Collaborative Problem-Solving.
- Worked with other Partnerships to develop Collaborative Practice Guidelines for Speech Language Pathologists.
- Pediatric Assessment and Rehabilitation Services used video-conferencing to supplement rehabilitation services, which improved clinical integration and collaboration among health and education services.

- Speech and Language services implemented a new Professional Development model emphasizing prevention and early intervention strategies for language enrichment.
- Occupational Therapy staff articulated hand development skills with the grade one curriculum.

Other:

- Collaborative Practices Day advanced SHPs towards three objectives of *Setting the Direction* (a. curriculum differentiation, b. capacity building, and c. collaboration)
- Use of on-line surveys as an option resulted in increased completion rates.
- Used governance review results to plan future services.
- Increased parental involvement in developing student programming.

B. Challenges

In their annual reports, Partnerships had the opportunity to share a summary of their major challenges during the 2008/09 school year. These challenges included:

Staffing Service Providers:

- Salary and benefit increases threatened the sustainability of staffing/service levels.
- Various factors affect the recruitment, training and retention of both professional and paraprofessional staff.
- Insufficient mental health supports to provide therapy for severe emotional/behavioural needs in establishing continuity between the classroom and home.

Other:

- Time for collaboration was critical as the complexity of student needs involved more sectors in the delivery of services.
- Numbers of students being referred has increased.
- Transportation costs and travel time added to the cost of service.
- Improving the return rate for surveys continues to be an area of focus.
- Differences in the collective agreements and fiscal years between health and education partners.
- Funding on a year by year basis does not allow for developing a three year program.

C. Progress in Integrating SH-Funded Services with Partner –Funded Services
Partnerships are required to describe how their efforts to work collaboratively made improvements in their efficient and effective use of partner-funded services along with Student Health funding. Partnerships described:

- Agreeing to set priorities for service that is reflected in the budget.
- Addressing privacy issues when agreeing to use a multi-agency web-based scheduler for staff.
- Scheduling Social Sector Planning meetings all on the same day to create efficiencies for staff time and travel.
- Speech-Language Re-Design Network coordinated efforts of four SHPs to develop a protocol for integration of supports.

- Management Committee has implemented communication and decision-making changes that have resulted in true partnership collaboration.

D. Continuous Improvement

Partnerships are required to identify existing and/or planned continuous improvement activities to enhance the planning and delivery of Student Health services. Partnerships identified plans in several areas including:

Service Delivery Model:

- Be creative and persistent in recruiting to overcome staff shortages.
- Work toward an integrated referral practice, and determine a practical definition of a reasonable timeline to commence service after referral by tracking current standards.
- Enhance access to emotional/behavioral supports, speech-language pathology, occupational therapy, and physical therapy services through utilizing alternate models of service delivery.
- Refine coordination and integration of services.
- Expand the use of group delivery of services and video conferencing to provide service.
- Increase use of salaried staff rather than private contractors to deliver service.
- Base service provision priority on consistently applied functional assessment of needs of individual students.
- Establish an effective evaluation of new service delivery models.
- Implement trials for new service delivery models.

Orientation and Training:

- Provide orientation to new Student Health Partners to ensure a common understanding of the work of the partnership.
- Recommend programs for student health professionals that can support teachers in specific skill development for identified students but can be integrated into regular classroom activities.
- Implement on-going training for paraprofessionals to enhance their skills in providing direct service under the supervision of professionals.

Communication:

- Develop a Directory of Partners and Service Providers.
- Provide annual letters to school administrators outlining services, programs, procedures.
- Distribute annual report summary to schools and partners.
- Continue to expand the use of technologies for meetings, information, updates, and articles that showcase excellent partnership work.
- Ensure that service providers are informed of students receiving multiple services.
- Provide student service plan to teacher, and request annual goal achievement results.

Building Capacity

- Develop and deliver workshops/PD/resources for staff, teachers, and partners.

- Include questions on annual teacher survey to measure capacity building.

Collaboration

- Schedule retreats for staff to enable collaboration time and reflection.
- Use annual report as opportunity for continuous improvement in services.
- Develop joint collaborative agreement when multiple service providers are involved.

Other:

- Provide opportunities to enhance collaborative practices and teamwork among student health staff through staff meetings and focused retreats.
- Explore alternate means of conducting surveys to improve return rates.
- Communicate early and often with school staff and parents.

I. APPENDICES

Appendix A – Partnership Funding Allocations 2008/09

Appendix B – Partnership Breakdown Number of Service Events by Service Category 2008/09

Appendix C – Partnership Breakdown of Planned and Actual FTEs 2008/09

Appendix D – Partnership Breakdown of Revenue and Expenditures 2008/09

Appendix E – Student Health Expenditures by Service Category 2008/09

Appendix F – List of Tables

Appendix A – Partnership Funding Allocations 2008/09

Partnership	Service Delivery Allocation ($)	Administration Allocation ($)	Total Allocation ($)
Aspen	$1,489,595	$70,190	$1,559,785
Calgary Rocky View	$11,457,232	$538,562	$11,995,794
Central Alberta	$3,814,767	$178,415	$3,993,182
Chinook Country	$2,216,792	$104,456	$2,321,248
Edmonton	$8,237,939	$388,175	$8,626,114
Francophone	$406,326	$13,149	$419,475
Golden Prairie	$913,861	$43,062	$956,923
Leduc and Area	$646,257	$30,452	$676,709
Northern Lights – FV	$396,086	$18,664	$414,750
Peace Country	$1,674,395	$78,898	$1,753,293
Parkland, Evergreen and Area	$811,047	$38,217	$849,264
SHIP 15	$655,762	$30,900	$686,662
Southeastern Alberta	$1,377,245	$64,896	$1,442,141
St. Albert	$1,243,886	$58,612	$1,302,498
Tri-Partite	$3,958,367	$186,520	$4,144,887
West View	$1,318,689	$62,137	$1,380,826
Wood Buffalo	$783,842	$36,935	$820,777
TOTAL	$41,402,088	$1,942,240	$43,344,328

Table 15 – Partnership Funding Allocations 2008/09

APPENDIX B - Partnership Breakdown Number of Service Events By Service Category 2008/2009

Partnership	Speech Therapy	Physical Therapy	Occupational Therapy	Audiology	Respiratory Therapy	Clinical Nursing	Emotional/ Behavioural	Teaching Assistants	Other[1]	TOTAL
Aspen	570	0	599	0	0	0	806	0	0	1,975
Calgary Rocky View	1326	288	1153	0	0	0	2463	52		5,282
Central Alberta	1032	95	305	0	0	98	2032			3,562
Chinook Country	811	54	58	0	0	0	1896	23	35	2,877
Edmonton	2900	164	1474	0	0	220	1928	0	112	6,798
Francophone	121	0	60	1	0	0	54	0	0	236
Golden Prairie	369	11	19	0	0	7	423	0	70	899
Leduc and Area	277	0	107	0	0	99	274	0	0	757
Northern Lights - FV	179	0	41	0	0	0	56	0	0	276
Peace Country	595	155	373	0	0	0	1165	0	0	2,288
Parkland, Evergreen and Area	650	0	0	0	0	0	291	0	40	981
SHIP 15	459	0	57	0	0	0	306	0	0	822
Southeastern Alberta	598	58	195	0	130	0	1174	0	0	2,155
St. Albert	567	0	195	0	0	0	590	0	0	1,352
Tri-Partite	626	104	878	0	0	24	2399	0	204	4,235
Westview	111	26	220	0	0	0	575	40		972
Wood Buffalo	0	58	26	0	0	0	443	0	0	527
TOTAL	11,191	1,013	5,760	1	130	448	16,875	115	461	35,994
% of total	31.	2.8	16.0	0	0.4	1.2	46.9	0.4	1.3	100.0

Table 16 – Partnership Breakdown Number of Service Events by Service Category 2008/09

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

APPENDIX C – Partnership Breakdown of Planned and Actual FTEs for 2008/09

Professional FTEs 2008/09

Partnership	Speech plan to hire	Speech filled	PT plan to hire	PT filled	OT plan to hire	OT filled	Audio plan to hire	Audio filled	RT plan to hire	RT filled	Nursing plan to hire	Nursing filled	E/B plan to hire	E/B filled	TA plan to hire	TA filled	Other[1] plan to hire	Other[1] filled	Total - plan to hire	Total - filled
Aspen	0.3	0.3			3.8	2.7							8.2	8.2			1.0	1.0	13.30	12.20
Calgary Rocky View	17.00	16.00	4.00	5.00	19.00	19.00							67.00	67.00	13.00	11.00			120.00	118.00
Central Alberta	9.05	6.25	1.20	1.05	3.95	3.70					1.20	1.20	28.08	27.68					43.48	39.88
Chinook Country	6.00	5.00	0.50	0.50	0.50	0.50							13.10	11.50			0.20	0.30	20.30	17.80
Edmonton	13.80	12.80	3.10	2.58	15.60	14.00					2.00	3.00	32.00	31.00			1.00	1.00	67.50	64.38
Francophone	1.40	2.14	0.15	0.00	0.61	0.61	0.08	0.01					1.03	1.02			0.80	0.10	3.35	3.88
Golden Prairie			0.13	0.13	0.18	0.18					0.08	0.05	6.25	5.92			0.40	0.40	7.04	6.68
Leduc and Area	0.40	0.40			0.50	0.50					0.75	0.75	1.00	1.00					2.65	2.65
Northern Lights - FV	0.30	0.30	0.10	0.00	0.20	0.20							1.10	1.10					1.70	1.60
Peace Country	3.40	3.40	0.80	0.40	2.40	2.20							8.20	5.40					14.80	11.40
Parkland, Evergreen and Area	2.00	2.00											4.40	4.40					6.40	6.40
SHIP 15	2.00	2.00			1.00	1.00							4.00	4.00					7.00	7.00
Southeastern Alberta	1.00	1.00	0.25	0.25	1.00	1.00			0.24	0.24			3.90	3.90	13.00	13.00			19.39	19.39
St. Albert	1.35	1.35			2.50	2.50							6.05	6.05					9.90	9.90
Tri-Partite	1.70	1.70	0.40	0.60	8.60	8.40					0.40	0.40	37.10	36.50			0.20	0.20	48.40	47.80
West View	1.30	1.30	0.60	0.60	2.84	2.84							6.53	6.20	0.20	0.20			11.47	11.39
Wood Buffalo	1.00	0.25	0.15	0.00	1.00	0.25							9.00	5.00					11.15	5.25
Total	62.00	56.19	11.38	11.11	63.68	59.58	0.08	0.01	0.24	0.24	4.43	5.40	236.94	225.87	26.20	24.20	3.6	3.0	408.55	385.60

Table 17 – Partnership Breakdown of Professional FTEs Planned and Actual 2008/09

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

Para-professional FTEs 2008/09

Partnership	Speech plan to hire	Speech filled	PT plan to hire	PT filled	OT plan to hire	OT filled	Audio plan to hire	Audio filled	RT plan to hire	RT filled	Nursing plan to hire	Nursing filled	E/B plan to hire	E/B filled	TA plan to hire	TA filled	Other[1] plan to hire	Other[1] filled	Total plan to hire	Total - filled
Aspen	5.14	3.68			1.00	1.00							3.00	3.50			1.00	1.00	10.14	9.18
Calgary Rocky View	10.00	10.00	1.00	1.00	5.00	5.00													16.00	16.00
Central Alberta	8.80	9.00	0.25	0.25	0.25	0.25							2.40	1.60					11.70	11.10
Chinook Country	12.00	11.00											1.40	3.50					13.40	14.50
Edmonton	20.54	20.00			5.60	5.10					3.20	0.70							29.34	25.80
Francophone	0.20	0.20																	0.20	0.20
Golden Prairie	7.71	6.80									1.50	2.00	2.00	2.00					11.21	10.80
Leduc and Area	2.84	2.84											2.90	2.75					5.74	5.59
Northern Lights - FV	6.20	6.00																	6.20	6.00
Peace Country	2.00	1.00	1.00	1.00	0.80	0.80							3.40	2.00					7.20	4.80
Parkland, Evergreen and Area	1.87	1.87											0.38	0.38					2.25	2.25
SHIP 15	3.00	3.00																	3.00	3.00
Southeastern Alberta	4.00	4.00	0.11	0.11									2.00	2.00					6.11	6.11
St. Albert	2.20	2.20											1.00	1.00					3.20	3.20
Tri-Partite	7.00	6.30			2.60	2.60											0.60	0.50	10.20	9.40
West View	3.49	3.49	0.00	0.40									3.28	3.28	1.00	1.00			7.77	8.17
Wood Buffalo																			0.00	0.00
Total	96.99	91.38	2.36	2.76	15.25	14.75	0.00	0.00	0.00	0.00	4.70	2.70	21.76	22.01	1.00	1.00	1.60	1.50	143.66	136.10

Table 18 – Partnership Breakdown of Para-professional FTEs Planned and Actual 2008/09

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

ANALYSIS OF REVENUES AND EXPENDITURES

Partnership	Service Delivery Allocation	Admin Allocation	Surplus from 2007-08	Interest	Total Revenues for 2008-09	Actual Salaries and Benefits for FTEs	Actual Other[1] Student Health Service Delivery Costs	Actual Admin Costs	Total Expenses 2008/2009	Net Operating Results
Aspen	$1,489,594.68	$70,190.3 3	$294,197.00	$4,149.00	$1,858,131	$1,579,652.00	$86,445.00	$56,202.00	$1,722,299.00	$135,832.00
Calgary Rocky View	$11,457,232.20	$538,561.80	$557,611.72	$13,606.00	$12,567,012	$10,100,587.00	$1,681,247.00	$531,098.00	$12,312,932.00	$254,079.72
Central Alberta	$3,814,766.81	$178,415.19	$504,404.00	$14,811.00	$4,512,397	$3,635,149.00	$328,649.00	$102,270.00	$4,066,068.00	$446,329.00
Chinook Country	$2,216,791.84	$104,456.16	$316,560.0	$5,002.00	$2,642,810	$2,319,211.00	$81,944.00	$77,109.00	$2,478,264.00	$164,546.09
Edmonton	$8,237,938.87	$388,175.13	$2,328,148.00	$ 56,379.00	$11,010,641	$7,630,922.00	$1,203,638.00	$96,076.00	$8,930,636.00	$2,080,005.00
Francophone	$406,326.00	$13,149.00	$64,600.00	$ -	$484,075	$260,213.00	$210,712.00	$13,149.00	$484,074.00	$1.00
Golden Prairie	$913,861.47	$43,061.54	$131,030.86	$8,830.58	$1,096,784	$887,210.85	$118,759.68	$39,000.00	$1,044,970.53	$51,813.91
Leduc and Area	$646,257.10	$30,451.91	$144,515.00	$5,324.00	$826,548	$629,569.00	$49,446.00	$29,816.00	$708,831.00	$117,717.00
Northern Lights - FV	$396,086.25	$18,663.75	$596,706.99	$34,269.00	$1,045,726	$312,115.00	$49,560.00	$11,460.00	$373,135.00	$672,590.99
Peace Country	$1,674,394.82	$78,898.19	$618,977.00	$3,705.00	$2,375,975	$1,618,388.00	$647,970.00	$42,205.00	$2,308,563.00	$67,412.00
PEASHP	$811,047.12	$38,216.88	$145,087.00	$3,284.00	$997,635	$825,189.00	$17,083.00	$38,322.00	$880,594.00	$117,041.00
SHIP 15	$655,762.21	$30,899.79	$783,864.00	$8,902.00	$1,479,428	$721,099.00	$6,435.00	$24,190.00	$751,724.00	$727,704.00
Southeastern Alberta	$1,377,244.66	$64,896.35	$198,107.00	$3,335.00	$1,643,583	$1,499,724.00	$137,719.00	$13,356.00	$1,650,799.00	(7,216.00)
St. Albert	$1,243,885.59	$58,612.41	$283,296.00	$5,061.00	$1,590,855	$1,335,216.00	$46,981.00	$53,649.00	$1,435,846.00	$155,009.00
Tri-Partite	$3,958,367.09	$186,519.92	$1,461,046.00	$23,919.00	$5,629,852	$4,187,414.00	$407,790.00	$165,231.00	$4,760,435.00	$869,417.00
West View	$1,318,688.83	$62,137.17	$61,071.30	$ -	$1,441,897	$1,319,509.00	$66,627.00	$37,251.00	$1,423,387.00	$18,510.30
Wood Buffalo	$783,842.04	$36,934.97	$257,680.00	$5,214.00	$1,083,671	$516,518.00	$34,603.00	$20,362.00	$571,483.00	$512,188.00
TOTAL	$41,402,087.55	$1,942,240.46	$8,746,901.96	$195,790.58	$52,287,020.54	$39,377,685.85	$5,175,608.68	$1,350,746.00	$45,904,040.53	$6,382,980.01
% of total	79.18%	3.71%	16.73%	0.37%	100.00%	85.78%	11.27%	2.94%	100.00%	

Table 19 – Partnership Breakdown of Revenue and Expenditures 2008/09

"Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

APPENDIX E - Student Health Expenditures by Service Category 2008/09

Partnership	Speech Language Therapy	Physical Therapy	Occupational Therapy	Audiology	Respiratory Therapy	Clinical Nursing	Emotional/ Behavioural Supports	Teacher Assistants	Teacher Replacement	Other[1]	TOTAL
Aspen	$255,526		$351,372				$1,059,199				$1,666,097
Calgary Rocky View	$2,013,755	$509,690	$2,097,851				$6,295,790	$ 472,818		$391,929	$11,781,833
Central Alberta	$1,133,982	$133,070	$371,664			$125,142	$2,199,940				$3,963,798
Chinook Country	$999,367	$52,651	$52,651				$1,191,988	$ 22,554		$81,944	$2,401,155
Edmonton	$2,809,259	$435,305	$1,903,839			$719,352	$2,914,768			$52,038	$8,834,561
Golden Prairie	$254,628	$13,443	$21,270			$54,099	$587,418		$7,000	$68,112	$1,005,970
Leduc and Area	$204,883		$52,923			$67,265	$350,566	$ 3,378			$679,015
Northern Lights - FV	$201,849		$54,961				$104,864				$361,674
Peace Country	$426,560	$53,777	$263,075				$978,181			$544,765	$2,266,358
Parkland, Evergreen and Area	$217,310						$624,962				$842,272
SHIP 15	$224,517		$55,133				$441,449			$6,435	$727,534
Southeastern Alberta	$ 382,771	$36,567	$109,358		$28,247		$966,081	$ 73,366			$1,596,390
St. Albert	$236,145		$348,198				$586,177			$211,498	$1,382,018
Tri-Partite	$540,482	$50,463	$987,061			$53,559	$2,868,729			$94,910	$4,595,204
West View	$274,774	$83,669	$307,252				$626,539	$ 36,000		$57,902	$1,386,136
Wood Buffalo	$5,000	$16,432	$23,940				$152,512			$353,237	$ 551,121
Total	$10,180,808	$1,385,067	$7,000,548	$-	$28,247	$1,019,417	$21,949,163	$ 608,116	$7,000	$1,862,770	$44,041,136
% of total	23.12%	3.14%	15.90%	0.00%	0.06%	2.31%	49.84%	1.38%	0.02%	4.23%	100.00%

Table 20 – Student Health Expenditures by Service Category 2008/09

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

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